

## CHAPTER 6 UNIVERSITY OF IOWA HOSPITALS

[Prior to 4/20/88, Regents, Board of(720)]

### ADMISSION OF PATIENTS

#### **681—6.1(255) Indigent patients.**

**6.1(1)** *The quota system.* At the beginning of each fiscal year the hospital administration computes the county quota of indigent patients that may be admitted for treatment to the university hospitals. This is done in full accordance with Iowa Code section 255.16 which provides that "...there shall be treated at the university hospital during each fiscal year a number of committed indigent patients from each county which shall bear the same relation to the total number of committed indigent patients admitted during the year as the population of such county shall bear to the total population of the state according to the last preceding official census."

*a.* The 1980 Census of Population Report obtained from the U.S. Bureau of the Census is being used.

*b.* The quota is established after careful consideration of the amount of appropriated funds, the physical capacity of the hospital, and the availability of trained personnel necessary for patient care.

*c.* If, after announcement of the quota at the beginning of the fiscal year, it becomes necessary to lower or raise it during the year's operation, the hospital administration reserves the right of so doing.

**6.1(2)** *The commitment process.* Iowa Code chapter 255 describes in some detail the machinery provided at the county level for the processing of commitment papers for indigent patients. The hospital administration accepts no responsibility for the legal performance of county officials nor for the determination of indigency nor for the determination of legal residency of committed patients.

*a. Routine.* In the normal routine of admitting an indigent patient, the hospital requires:

(1) Commitment Form No. 11, signed and certified by a judge of a juvenile court or the signature of a judge of a district court which at the same time serves as a juvenile court. The Commitment Form No. 11 remains an acceptable document only for the fiscal year in which it is initiated with the one exception that it does remain effective into a new fiscal year if the patient is under continuous treatment during the transition from one fiscal year into the new. In this situation the commitment paper becomes void immediately upon discharge of the patient. The content of the above-mentioned form follows in full detail the description set forth in Iowa Code section 255.12.

(2) Physician's Report No. 4, acceptably signed by only a doctor of medicine or osteopathy. The hospital accepts without question the doctor's statement of need for hospitalization, as well as the doctor's evaluation of the patient's inability to pay for physician's services and hospital care.

*b. Emergency.* In cases of true emergency, which the director of welfare or the overseer of the poor is responsible for determining, the hospital will accept indigent patients without Commitment Form No. 11 and Physician's Report No. 4. The hospital insists, however, upon a guarantee, in telegraphic form, of the commitment by either of the above two authorities, as well as the opportunity of agreeing to the use of the hospital facilities prior to the assignment of an actual appointment.

**6.1(3)** *The admission.* Any indigent patient directed to the university hospitals in conformity with the policies described in 6.1(1) and 6.1(2) above will be admitted:

*a.* Providing, as outlined in Iowa Code section 255.1 the patient "...is pregnant or is suffering from some malady or deformity that can probably be improved or cured or advantageously treated by medical or surgical treatment or hospital care."

*b.* Excepting, as described in Iowa Code section 255.15, if "...the presence of the patient in the hospital would be dangerous to other patients, or there is no reasonable probability that the patient may be benefited by the proposed treatment or hospital care."

*c.* Additionally, patients whose diagnosis is determined or accepted as being psychopathic, will not be admitted.

*d.* Additionally, patients whose diagnosis is determined or accepted as being active pulmonary tuberculosis, will not be admitted.

*e.* Finally, patients will not be accepted for diagnostic and therapeutic treatment by ancillary services only. Referrals must be to and through definite clinical departments.

The hospital administration holds that:

(1) The determination of any of these factors rests with the admitting physician of the hospital or the admitting physicians of the interested clinical departments.

(2) The determination of whether or not the patient shall be classed as inpatient or outpatient rests with the university hospitals' physicians as provided in Iowa Code section 255.21.

(3) It will attempt to discharge the responsibilities reflected in the establishment of the quota at the beginning of each fiscal year but it reserves the right to control the volume of patients on a day-to-day basis and, likewise, to indicate the preference for clinical types of illnesses based upon clinical departmental needs.

(4) It accepts the full responsibility for all appointment schedules and the notification of incoming patients as to their date of admission and mode of transportation as approved by the local authorities.

(5) It reserves the right to refuse admission of nonemergent cases when the approved machinery for admission has been circumvented.

**6.1(4) *The charge to quotas:*** The hospitals' physicians who are delegated the responsibilities of admitting shall ascertain the clinical service to which the incoming patient is to be admitted. This is done after review of the referring physician's medical report but not necessarily in accordance with this report.

*a.* The first admission of any patient during a fiscal year shall be charged to the quota of the county initiating the Commitment Form and Physician's Report. Subsequent admissions during the same fiscal year by the same patient shall not be charged to the county's quota.

*b.* Any admission to obstetrics, orthopedics, or otolaryngology for cleft palate procedures may be accomplished without charge to county quotas as provided in Iowa Code section 255.16. These patients if subsequently seen in any other clinical department then become a charge to the county's quota.

*c.* The charge to the county's quota is made at the time of the admission of the patient and not at the time of the receipt of the commitment forms.

*d.* The hospital administration accepts the responsibility for issuing a monthly statement of quota "usage" to each Iowa county. This report will list the name of the patient, the clinical department in which the patient was treated, the date of admission, the residency of the patient and the current status of the county's quota balance.

#### **681—6.2(255) Excess quota patients.**

**6.2(1)** Iowa Code section 255.16 refers to the admission of patients from counties which have exceeded the established county quota plus 10 percent, as determined by the hospital administration at the beginning of each fiscal year.

**6.2(2)** Admitting policies for this category of patients are identical to those applicable to indigent patients. See 6.1(2) and 6.1(3) above.

#### **681—6.3(255) Clinical pay patients.**

**6.3(1)** The university hospitals provide a limited number of accommodations for patients of moderate financial means as allowed under Iowa Code section 255.19.

**6.3(2)** All applications for admission under this patient category are initiated by the patient's local referring physician through submission of Hospital Form No. 63. In this form the referring physician endorses the medical need and the patient's inability to pay private rates for hospital service and physician's service. Hospital Form No. 63 is directed to the physician upon the physician's request and appointments are made, if possible, upon receipt of the physician's medical report and properly endorsed application.

- a.* The hospital will accept applications from nonresidents of Iowa.
- b.* The selection of patients to be admitted in this category is based upon the hospital's ability to care for patients additional to those under the indigent program, and also upon their value as interesting clinical cases.
  - (1) The hospital will not provide transportation for this category of patient.
  - (2) The hospital will not provide accommodations outside the hospital for ambulatory patients.
  - (3) At the time of registration the patients are interviewed and asked to pay the estimated cost of one week's hospitalization, and, during this interview, they are asked to explain such insurance coverages as might be applied to their hospital bill or physician's bill and proper assignments of such insurance policies are obtained.

**681—6.4(255) County clinical pay patients.**

**6.4(1)** The university hospitals provide a limited number of accommodations for patients of moderate financial means as allowed under Iowa Code section 255.19.

**6.4(2)** All applications for admission under this patient category are initiated by the patient's local referring physician through submission of Hospital Form No. 63. In this form the referring physician endorses the medical need and the patient's inability to pay private rates for hospital service and physician's services. However, in variance with the procedure outlined under 6.3(255) above for clinical pay patients, the hospital requires the endorsement of the form by the director of social welfare or the overseer of the poor of the county in which the patient resides. Hospital Form No. 63 is directed to the physician upon the physician's request and appointments are made, if possible, upon receipt of the physician's medical report and properly endorsed application.

- a.* The selection of patients to be admitted in this category is based upon the hospital's ability to care for patients additional to those under the indigent program, and also upon their value as interesting clinical cases.
- b.* The hospital will not provide transportation for this category of patient.
- c.* The hospital will not provide accommodations outside the hospital for ambulatory patients.
- d.* In variance with 6.3(2) "b"(3) above, the patients are not required to pay a deposit in advance of their hospitalization inasmuch as the cost is guaranteed by the local county. However, during the initial interview they are asked to explain such insurance coverages as might be applied to their hospital bill or physician's bill, and proper assignments of such insurance policies are obtained.

**681—6.5(255) Private patients.**

**6.5(1)** The university hospitals provide a limited number of accommodations for patients able to pay the full cost of hospital service as well as the charges for physician's services. Provision for these accommodations is specified in Iowa Code section 255.19.

**6.5(2)** All requests for admission under this patient category are initiated either by the patient's local referring physician or through direct contact between patient and a clinical member of the faculty of the college of medicine.

- a.* The selection of patients to be admitted in this category is based upon the availability of hospital accommodations and the scheduling and staffing problems in the particular clinical department.
- b.* The hospital and the clinical department will accept both residents and nonresidents of Iowa.
- c.* The type of patients selected for inclusion in this category follows the limitations set forth for indigent patients under 6.1(3).
  - (1) The hospital will not provide transportation for this category of patient.
  - (2) The hospital will not provide accommodations outside the hospital for ambulatory patients.
  - (3) At the time of registration, patients are interviewed and given a full explanation of the estimated costs of hospital and professional services likely to accrue during their hospitalization. During this interview they are asked to explain such insurance coverages as might be applied to either charge

area and the proper assignments of such insurance policies are obtained. Agreement is reached with the patient regarding the method of completely discharging their potential indebtedness.

**681—6.6(255) State institution patients.** In accordance with Iowa Code section 255.28, patients may be admitted from institutions governed by the state board of regents, the state department of human services, and the state department of corrections to the university hospitals for medical care. Form No. 71 authorizing treatment will be completed and forwarded to the university hospitals. Transportation to and from the university hospitals will be provided by the patient's institution.

This rule is intended to implement Iowa Code section 255.28.

**681—6.7(255) Veterans.** Veterans are admitted and treated at the university hospitals either as a clinical pay or private patient as outlined above dependent upon the authorization received from the Veterans Administration.

**681—6.8(255) University students.** University students are treated at the university hospitals as clinical pay patients as outlined above. They are referred by student health service who guarantees a portion of the cost of hospitalization as outlined in their policies. The student is expected to pay the remainder, if any.

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